

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

DANA N. ESCOFFIER

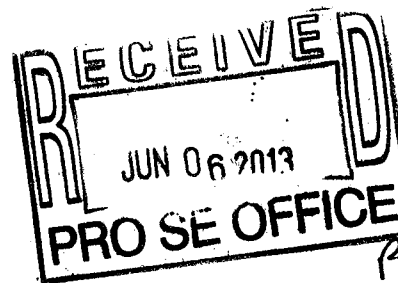
(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

NEW YORK Police Department
TIME EQUITIES, INC. AND L.A.B.
HUDSON STREET EQUITIES
JOHN DOE 1-20
JANE DOE 1-20

Jury Trial: ☐ Yes ☒ No
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

DANA N. ESCOFFIER

523 HUDSON ST. #4F5

NEW YORK, NEW YORK

NEW YORK 10014

212 675 3836

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

CITY OF NEW YORK, CORP. COUNCIL
OF NY

County, City _____
State & Zip Code _____
Telephone Number _____

Defendant No. 2

Name TIME EQUITIES, INC
Street Address 55 FIFTH AVE
County, City NEW YORK, NY. 10003
State & Zip Code NEW YORK 10003
Telephone Number _____

Defendant No. 3

Name HUDSON STREET EQUITIES
Street Address 55 FIFTH AVE
County, City NEW YORK, NY.
State & Zip Code NEW YORK 10003
Telephone Number _____

Defendant No. 4

Name _____
Street Address _____
County, City _____
State & Zip Code _____
Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? CIVIL RIGHTS ACTION

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? GREENWICH
VILLAGE, NY, 523 HUDSON ST. NY NY 10014 APT #405
- B. What date and approximate time did the events giving rise to your claim(s) occur? _____

VARIOUS TIMES

- C. Facts: TO BE COMPLETED LATER

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

DANIELLA GALLEGOS, APT. #505, NEIGHBOR
NEIGHBOR HARASSING ME FROM APT. #505,
YEARS OF CONDUCT DESTROYING MY
QUALITY OF LIFE. CALLED LANDLORD
TO COMPLAIN, INSTEAD OF ~~LEGAL~~
APPROPRIATE ACTION AGAINST
NEIGHBOR, LANDLORD CONSPIRED
WITH POLICE TO ARREST ME ~~FOR~~
DEPRIVING ME OF MY RIGHTS ~~AND~~

- IV. Injuries: DISCRIMINATION AGAINST DISABLED PER

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. AMERICANS w/ DISABILITIES

ANXIETY, MENTAL STRESS AND ANXIETY,
MIGRAINES, WORSENING TBI DUE TO
STRESS, CHRONIC INSOMNIA * (SYMPTOMS)

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

TELE MILLION DOLLARS.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6 day of June, 20 13

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Handwritten signature of Plaintiff
523 HUDSON ST. #485
NY NY 10014
212 675 3834

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____